

QUARTERLY STATEMENT

AS OF June 30, 2010

OF THE CONDITION AND AFFAIRS OF THE

Advantage Healthplan Inc.

NAIC Group Code	,	0000	NAIC Company Code	95803	Employer's ID Number	52-1789742
	(Current Period)	(Prior Period)				
Organized under the Laws o	f District	of Columbia	, State of Domi	icile or Port of Entry	District of	of Columbia
Country of Domicile	United Sta	tes of America				
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[Other[]] Vision S	y/Casualty[] Service Corporation[] Pederally Qualified? Yes[] N	Health Ma	Medical & Dental Service or Inc aintenance Organization[X]	lemnity[]
Incorporated/Organized		07/31/1992	Comme	enced Business	11/01/199	4
Statutory Home Office		h Street, N.W., Suite 8	10,		Washington, DC 20005	
Main Administrative Office	(Street and Number)	1155 15th Stree	et, N.W., Suite 810	(City, or Town, State and Zip Code	ə)
		DO 00005		nd Number)	(000)=0==00=	
	Washington,				(202)785-7835	ah arl
Mail Address	(City or Town, State a	P.O. Box 9596			(Area Code) (Telephone Num Washington, DC 20016	iber)
Wall Addi C55	(Street	and Number or P.O. Box)	,		(City, or Town, State and Zip Code	e)
Primary Location of Books a	,	,	1155 15th	Street, N.W., Suite		,
			(S	Street and Number)		
	Washington, DC				(202)785-7835	1)
Internet Web Site Address	(City, or Town, State a	nd Zip Code)			(Area Code) (Telephone Num	iber)
Statutory Statement Contact		Clinton E Jones			(202)785-7835	
,		(Name)			(Area Code)(Telephone Number)(E	extension)
	cjones@ahealth				(202)785-7839	
	(E-Mail Addre	ess)	05510550		(Fax Number)	
			OFFICERS			
		Name	e Title			
		Elliot R. Wolf				
		Clinton E Jor	nes Chief Financial Offi	cer		
			OTHERS			
		DIDEC	TORS OR TRUST	EEG		
	I	Elliot R. Wolff	TORS OR TRUST	LLO		
State of <u>District or</u> County of	f Columbia ss					
the herein described assets w	vere the absolute property of the	ne said reporting entity,	free and clear from any liens of	or claims thereon, exc	ntity, and that on the reporting p cept as herein stated, and that t s and liabilities and of the condi	his statement, together
					e been completed in accordance	
Statement Instructions and A	ccounting Practices and Proce	dures manual except to	the extent that: (1) state law r	may differ; or, (2) that	state rules or regulations requi	ire differences in
					vely. Furthermore, the scope o	
			NAIC, when required, that is ar n lieu of or in addition to the en		for formatting differences due to	o electronic filing) of the
enciosed statement. The elec	aronic illing may be requested	by various regulators in	ir lieu or or iir addition to the en	ciosed statement.		
	(Signature)		(Signature)		(Signature)	
	liot R. Wolff		Clinton E. Jones		(Oignature)	
	rinted Name)		(Printed Name)		(Printed Name)	
	1.		2.		3.	
	President	_	Chief Financial Officer		(Title)	
	(Title)		(Title)		(Title)	
Subscribed and sworn	to before me this	a. Is thi	s an original filing?		Yes[X] No[]	
day of	, 2010	b. If no,		number		_
•			2. Date filed			_
			Number of pages attac	ched		

(Notary Public Signature)

ASSETS

	AUU		1011	1	1
			rrent Statement Da		4
		1	2	3	
		A 4-	Nonadmitted	Net Admitted Assets	December 31, Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	1,256,644		1,256,644	1,161,863
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:			,000	
J.					
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$0) and short-term				
J.		007.000		007.000	540,000
	investments (\$129,275)				i i
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Aggregate write-ins for invested assets				
11.	Subtotals, cash and invested assets (Lines 1 to 10)	1,741,932		1,741,932	1,821,912
12.	Title plants less \$ 0 charged off (for Title insurers only)				
13.	Investment income due and accrued				
14.	Premiums and considerations:				
14.					
	14.1 Uncollected premiums and agents' balances in the course of				
	collection				
	14.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (including \$0 earned but				
	, , ,				
	unbilled premiums)				
	14.3 Accrued retrospective premiums				
15.	Reinsurance:				
	15.1 Amounts recoverable from reinsurers				
	15.2 Funds held by or deposited with reinsured companies				
	15.3 Other amounts receivable under reinsurance contracts				
16.	Amounts receivable relating to uninsured plans				
17.1	Current federal and foreign income tax recoverable and interest thereon				
17.2	Net deferred tax asset				
18.					
	Guaranty funds receivable or on deposit				
19.	Electronic data processing equipment and software				
20.	Furniture and equipment, including health care delivery assets				
	(\$0)				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
	,				
22.	Receivables from parent, subsidiaries and affiliates				
23.	Health care (\$0) and other amounts receivable				
24.	Aggregate write-ins for other than invested assets	1,800	1,800		
25.	Total assets excluding Separate Accounts, Segregated Accounts and				
-0.	Protected Cell Accounts (Lines 11 to 24)	1 757 073	1 800	1 756 173	1 837 15/
00	,	1,757,975		1,730,173	1,007,104
26.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
27.	Total (Lines 25 and 26)	1,757,973	1,800	1,756,173	1,837,154
DETA	ILS OF WRITE-INS		· ·		
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page				
1	TOTALS (Lines 1001 through 1003 plus 1098) (Line 10 above)				
	Deposit paid on Administrative office space				
2402.					
2403.					
	Summary of remaining write-ins for Line 24 from overflow page				
	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	7	7		

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc.

LIABILITIES, CAPITAL AND SURPLUS

		Current Period		Prior Year	
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	59,359		59,359	57,815
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
	on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
10.	\$0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans				
22.	Aggregate write-ins for other liabilities (including \$0 current)				
23.	Total liabilities (Lines 1 to 22)				
24.	Aggregate write-ins for special surplus funds				
25.	Common capital stock	1			
	Preferred capital stock				
26.	Gross paid in and contributed surplus				
27.	Surplus notes				· ·
28.	·				
29.	Aggregate write-ins for other than special surplus funds				
30.	Unassigned funds (surplus)	X X X	X X X 	1,226,784	1,309,309
31.	Less treasury stock, at cost:				
	31.10 shares common (value included in Line 25 \$	1			
	31.2				
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)				
33. DETAI	Total Liabilities, capital and surplus (Lines 23 and 32)	X X X	X X X	1,756,173	1,837,154
2201.					
2202. 2203.					
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299. 2401.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)				
2402.		X X X	X X X		
2403. 2498.	Summary of remaining write-ins for Line 24 from overflow page				
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	X X X	X X X		
2901. 2902.					
2903.		X X X	X X X		
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc.

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	al and Medical:	***			232,001
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$0 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		1		
26.	Net realized capital gains (losses) less capital gains tax of \$0		1		
27.	Net investment gains or (losses) (Lines 25 plus 26)				
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			41,010	
20.	\$				
20	Aggregate write-ins for other income or expenses				
29.					
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)		1		
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)	XXX	(64,264)	(84,630)	(12,789)
0601.	Healthcare settlements and sales of Furniture & Fixtures	X X X			
0602.	Healthcare settlements, refunds and rebates	X X X			
0603.	Refunds and rebates				
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page				
0701.	Distribution from bankruptcy claim				
0702.	Furniture & Equipment Sales				
0703. 0798.	Sale of Furniture & Fixtures				
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1401.					
1402. 1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. 2902.	Penalties for late filing				
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT		77 - 510	
33.	Capital and surplus prior reporting year	1.779.339	1.757.868	1.757.868
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves	, ,	, ,	, , ,
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized reinsurance		,	
41.				
	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(82,524)	(76,506)	21,471
49. DFTAI	Capital and surplus end of reporting period (Line 33 plus 48)	1,696,815	1,681,362	1,779,339
4701. 4702.	LO OF WINTE-ING			
4703.	Commence of commission with its fact in 47 from a configuration			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	CASITILOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	10 Date	10 Date	December 51
1.	Premiums collected net of reinsurance			
2.	Net investment income	17,113	35,618	 151,190
3.	Miscellaneous income	·		
4.	Total (Lines 1 to 3)			
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	97,093	125,646	333,155
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)	97,093	125,646	333,155
11.	Net cash from operations (Line 4 minus Line 10)	(79,980)	(90,028)	70,036
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	155,000	299,100	450,000
	12.2 Stocks		15,495	25,778
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	155,000	314,595	475,778
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	249,466	299,100	304,085
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(102,721)	14,956	137,888
10	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes 16.2 Capital and paid in surplus, less treasury stock			
	16.2 Capital and paid in surplus, less treasury stock16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			
'''	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(182.701)	(75.072)	207.924
19.	Cash, cash equivalents and short-term investments:	(102,701)	(10,012)	201,024
	19.1 Beginning of year	510.039	302.115	302.115
		1 -,	,	1
	19.2 End of period (Line 18 plus Line 19.1)	327,338	227,043	510,039

7	Premiums, Enrollment and Utilization NONE
8	Claims Payable
9	Underwriting Investment Exhibit

STATEMENT AS OF $June~30,\,2010$ of the Advantage~Healthplan~Inc.

Notes to Financial Statement

Advantage Healthplan Inc. June 31, 2010

1. Summary of Significant Accounting Policies

A. The accompanying financial statements of Advantage Healthplan Inc. (the "Company") have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Policies and Procedures and the laws of the District of Columbia.

The Government of the District of Columbia transferred all of the Company's Medicaid enrollees to other HMOs on August 31, 2004. The Company promptly chose to discontinue all HMO operations, including immediate discontinuance of accepting new commercial business, cessation of coverage of commercial enrollees on December 31, 2004, and the subsequent winding up of administrative and other HMO activities. See Note 4 Discontinued Operations.

- B. The preparation of the financial statements in conformity with Annual Statement Instructions and Accounting Practices and Procedures manual requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, revenues and expenses in the financial statements and in the disclosure of contingent assets and liabilities. Actual results may differ from those estimates.
 - C. (1) The Company's short-term investments are at market value.
 - (2) Bonds are at amortized cost using the scientific interest method.
 - (3) Common stocks are at market value.
 - (4) Preferred stocks are at market value.
 - (5) The Company has no mortgage loans.
 - (6) The Company has no loan backed securities.
 - (7) The Company has no investments in subsidiaries, controlled or affiliated companies.
 - (8) The Company has no investments in joint ventures, partnerships or limited companies.
 - (9) The Company has no derivatives.
 - (10) There is no claims liability reported, and the Company believes that any asserted claims are currently outside of the timely filing requirement and are therefore void.
 - (12) The Company has not changed its capitalization policy.
- 2. Accounting Changes and Corrections of Errors

There were no accounting changes during the current year.

3. Business combinations and Goodwill

There were no business combinations or goodwill during the current year.

4. Discontinued Operations

The Government of the District of Columbia transferred all of the Company's Medicaid enrollees to other HMOs on August 31, 2004. The Medicaid contract represented approximately 99% of the Company's enrollment and premium revenue. Therefore, the Company promptly chose to discontinue all HMO operations including immediate discontinuance of accepting new commercial business, cessation of coverage of commercial enrollees on December 31, 2004, and the subsequent winding up of administrative and other HMO activities. These actions were reported to and approved by the District of Columbia Department of Insurance, Securities and Banking.

- 5. Investments
 - A. Mortgage Loans-The Company has no mortgage loans.
 - B. Debt Restructuring-The Company has no debt restructuring.
 - C. Reverse Mortgages-The Company has no reverse mortgages.
 - D. Loan-Backed Securities-The Company has no loan-backed securities.
 - E. Repurchase Agreements-The Company has no repurchase agreements.
 - F. Real Estate-The Company has no real estate.
- 6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

The Company does not exclude any investment income.

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

The Company has elected S Corporation federal income tax status under Sections 1361-1379 of the Internal Revenue Code of 1986, and the Internal Revenue Service has approved that election. Accordingly, the Company is not subject to federal income taxes

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is directly controlled by the estate of Barrington B. Barnes, M.D., which owns 10% of the Company's stock, and by Elliot R. Wolff, who owns beneficially and of record 90% of the Company's outstanding stock and who serves as the only director as well as Chief Executive Officer, President and Chairman.

11. Debt

The Company has no debt.

12. Retirement Plans, Deferred Compensation, Post Employment Benefits, and Compensated Absences and Other Postretirement Benefit Plans.

The Company adopted a 401(k) defined contribution plan during the fiscal year ended September 30, 1995. Employees can defer up to 15 percent of compensation through deposits into the plan, and the Company matches employee contributions up to 100 percent. The eligibility requirements to participate in the 401(k) plan are completion of 90 days employment and attainment of 21 years of age. The plan also permits the Company to make profit-sharing contributions for which the eligibility requirement is employment with the Company on the last day of the fiscal year.

Notes to Financial Statement

- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
- (1) Common stock has a par value of \$.10 per share. As of June 30, 2010, 2,000,000 shares were authorized and 1,302,500 shares were issued and outstanding.
 - (2) There is no preferred stock.
 - (3) There are no dividend restrictions.
 - (4) There are no restrictions on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
 - (5) There are no restrictions on unassigned funds (surplus).
 - (6) There are no advances to surplus not repaid.
 - (7) The Company does not hold stock for conversion of preferred stock, employee stock options or stock purchase warrants.
 - (8) The Company does not have any special surplus funds.
 - (9) The portion of the unassigned funds (surplus) represented by:
 - a. Unrealized gains and losses \$49,495
 - b. Nonadmitted asset values \$1,800
 - c. Separate account business \$ -0-
 - d. Asset valuation reserves \$ -0-
 - e. Provision for reinsurance \$ -0-
 - (10) The Company has no surplus notes.
 - (11) The Company did not have a quasi-reorganization.

14. Contingencies

A. Contingent Commitments

The Company did not have any commitments to a joint venture partnership or limited liability company.

B. Assessments

The Company has no known assessments.

- C. The Company has no gain contingencies.
- D. All Other Contingencies

The Company has a claim pending in the District of Columbia Contract Appeals Board against the District for damages under the Medicaid Contract from 1994 – 1998 premiums due for newborn enrollees under the Medicaid Contract, for failure to calculate an actuarially sound capitation rate as required by the contract and District and federal law, and for breach of the Medicaid Contract by not permitting voluntary selections and default assignments to the Company in 1997 and 1998. The District has filed a counterclaim seeking offset and damages for alleged failure by the Company to provide certain services under the Medicaid Contract and overpayment, as well as a motion to dismiss the Company's claim for lack of jurisdiction. The Company has contested the District's counterclaim and motion to dismiss, and these and procedural motions are pending decision by the Contract Appeals Board.

- A hospital filed suit against the Company on October 14, 2003, seeking payment for services provided to five individuals who are alleged to have been enrolled in the Company's HMO. The hospital claims that the Company owes it \$189,700 as payment for medical services provided to those individuals. It also seeks attorneys' fees in the amount of \$62,236. The Company's motion to dismiss this litigation is pending in the United States District Court for the District of Columbia.
- The Company also has litigation pending against the District in the Contract Appeals Board for damages as a result of the District's termination of the Medicaid Contract in August 2004 and for claims that arose under the Medicaid Contract.
- 15. Leases
 - A. (1) The Company has a lease which totals \$10,800 and expires December 31, 2010.
 - (2) The Company does not have any sale-leaseback transactions.
 - B. Leasing is not a significant part of the Company's business activities in terms of revenue, net income or assets.
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk. The Company does not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk.
- Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 The Company did not sell, transfer and service financial assets nor extinguish any liabilities.
- 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans. The Company does not have any gain or loss from unisured plans.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

 The Company does not have any direct premium produced by managing general agents or third party administrators.
- 20. Other Items
 - A. Extraordinary Items-The Company has no extraordinary events or transactions.
 - B. Troubled Debt Restructuring-The Company has no debt.
- C. Other Disclosures-The Company did not have any other unusual items such as amounts not recorded in the financial statements that represent segregated funds held for others or assets pledged to others as collateral.
 - D. Uncollected premium balances- The Company has no uncollected premium.
 - E. Business Interruption Insurance Recoveries-The Company had no business interruptions that were insurable.
- 21. Events Subsequent

No events occurred subsequent to the close of the books or accounts for this statement that may have a material effect on the financial condition of the Company.

22. Reinsurance

The Company has no reinsurance of any type in force.

Notes to Financial Statement

- 23. Retrospectively Rated Contracts
 The Company did not retrospectively rate contracts.
- 24. Change in Incurred Claims and Claim Adjustment Expenses
 The Company has no outstanding claims or claims provisions0.
- 25. Intercompany Pooling Arrangements

 The Company is not a part of a group of affilitated insurers.
- 26. Structured Settlements Not applicable.
- Health Care Receivables
 The Company has no health care receivables.
- 28. Participating Policies

 The Company does not have any participating policies.
- 29. Premium Deficiency Reserves
 The Company currently has no premium deficiency recorded.
- Anticipated Salvage and Subrogation
 The Company did not reduce the liability for unpaid claims or losses for any amounts related to salvage or subrogation.
- 32. Minimum Net Worth General Interrogatory Part 2 #2 Line 11.6

 Under the laws of the District of Columbia, the Company is required to maintain a minimum net worth equal to the greatest of \$1,000 000, 2% of annual revenues, the sum of three months of uncovered expenses, or 4% of hospital expenditures paid on a managed care basis plus 8% of annual healthcare expenditures not paid on either a capitated or managed care basis. The Company is in compliance with this law.

Annual revenue $0 \times 2\% = 0$ Healthcare expenditures
@ $4\% \times 0 \times 4\% = 0$ @ $8\% \times 0 \times 8\% = 0$ total

Minimum dollar amount $0 \times 1000,000$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?1.2 If yes, has the report been filed with the domiciliary state?					Y	Yes[] No[X] 'es[] No[] N/A[X]			
	Has any change reporting entity? If yes, date of ch	been made during the year o	of this statement in the char	ter, by-laws, arti	cles of incorporat	ion, or deed of s	ettlement of the		Yes[] No[X]
3.		any substantial changes in t the Schedule Y - Part 1 - org		ce the prior quart	er end?				Yes[] No[X]
4.1 4.2	Has the reporting	g entity been a party to a me e name of entity, NAIC Com lt of the merger or consolida	ger or consolidation during pany Code, and state of dor	the period cover micile (use two le	red by this statem etter state abbrev	nent? iation) for any er	ntity that has ceas	sed	Yes[] No[X]
			1		2		3		
		N:	ame of Entity		NAIC Company	Code	State of Domi	cile	
5.	If the reporting e or similar agreen If yes, attach an	ntity is subject to a managen nent, have there been any si explanation.	nent agreement, including th gnificant changes regarding	nird-party admini the terms of the	strator(s), manag agreement or pr	ing general ager incipals involved	nt(s), attorney-in- ?		'es[] No[] N/A[X]
6.1 6.2	State the as of d	date the latest financial exar ate that the latest financial ex	camination report became a	vailable from eit	her the state of d	omicile or the re	porting entity. Th	is	12/31/2007
6.3	State as of what	ne date of the examined bala date the latest financial exar ity. This is the release date o	nination report became avai	ilable to other sta	ates or the public	from either the s	state of domicile on (balance shee	or et	04/30/2009
6.4	date). By what departm	ent or departments?	·	, 3po 10			\		04/30/2009
	Dilstrict of Colun Have all financial filed with Departn	nbia Department of Insuranc statement adjustments withinents?	e, Securities and Banking n the latest financial examir	nation report bee	n accounted for i	n a subsequent	financial stateme		'es[X] No[] N/A[]
6.6	Have all of the re	commendations within the la						Y	es[X] No[] N/A[]
	revoked by any of the first transfer in the first revoked by any of the first revoked	g entity had any Certificates governmental entity during th formation	of Authority, licenses or reg e reporting period?	istrations (includ	ing corporate reg	listration, if applic	cable) suspended	ı or	Yes[] No[X]
8.1	Is the company a	a subsidiary of a bank holding 1 is yes, please identify the n	g company regulated by the	Federal Reserv	e Board?				Yes[] No[X]
8.4	If response to 8.3 regulatory servic Supervision (OT)	affiliated with one or more ba 3 is yes, please provide belo- es agency [i.e. the Federal R S), the Federal Deposit Insur federal regulator.]	w the names and location (cleserve Board (FRB), the Oance Corporation (FDIC) ar	city and state of tiffice of the Comp and the Securities	otroller of the Cur Exchange Comr	rency (OCC), the nission (SEC)] a	e Office of Thrift nd identify the		Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
				. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X	<u>g</u>
	similar functions) (a) Honest and relationships (b) Full, fair, act (c) Compliance (d) The prompt (e) Accountabili	curate, timely and understan with applicable governmenta internal reporting of violation ty for adherence to the code	ct to a code of ethics, which e ethical handling of actual of dable disclosure in the perical laws, rules and regulation s to an appropriate person	n includes the fol or apparent conf odic reports requ is;	lowing standards licts of interest be ired to be filed by	? etween personal v the reporting er	and professional		Yes[X] No[]
9.2	Has the code of	to 9.1 is No, please explain: f ethics for senior managers to 9.2 is Yes, provide inform	been amended? ation related to amendment	(s).					Yes[] No[X]
9.3	Have any provis	sions of the code of ethics be to 9.3 is Yes, provide the na	en waived for any of the sp	ecified officers?					Yes[] No[X]
10.2 10.2	Does the report If yes, indicate	ing entity report any amount any amounts receivable from	s due from parent, subsidiar parent included in the Pag	FINANCIATIES or affiliates or a amount:		statement?		\$	Yes[] No[X]
	use by another	e stocks, bonds, or other ass person? (Exclude securities and complete information rel	under securities lending ag	INVESTMI aned, placed und reements.)		nent, or otherwis	e made available	; for	Yes[] No[X]
12.		estate and mortgages held in		chedule BA:					(
13.	Amount of real estate and mortgages held in short-term investments:						\$		

Yes[] No[X]

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
PNC Advisors Fidelity Investments Morgan Stanley Smith Barney Inc.	

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? 16.4 If yes, give full and complete information relating thereto:

Yes[]No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason
Salmon Smith Barney	Morgan Stanley Smith Barney Inc.	06/30/2009	Corporate name change

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

- Operating Percentages:
 1.1 A&H loss percent
 1.2 A&H cost containment percent
 1.3 A&H expense percent excluding cost containment expenses
- 2.1 Do you act as a custodian for health savings accounts?
 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.
 2.3 Do you act as an administrator for health savings accounts?
 2.4 If yes, please provide the balance of the funds administered as of the reporting date.

		0% 0% 0%
\$ \$	Yes[] No[X] Yes[] No[X]	0

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

onowing An New Reinstrance Treaties - Current Tear to Date							
1	2	3	4	5	6	7	
NAIC	Federal				Type of	Is Insurer	
Company	ID	Effective			Reinsurance	Authorized?	
Code	Number	Date	Name of Reinsurer	Location	Ceded	(Yes or No)	
			NONE				

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	Direct Business Only									
				1	4	i	iness Only 6	7	0	0
		1	2	3	4	5 Federal	1	7	8	9
			Assidant and				Life and Annuity	Droporty/	Total	
		A ativo	Accident and	Madiaara	Madiaaid	Employees Health	Premiums	Property/		Danasit Tuna
	Ctata Eta	Active	Health	Medicare Title XVIII	Medicaid	Benefits Program	and Other Considerations	Casualty	Columns	Deposit-Type
1.	State, Etc. Alabama (AL)	Status	Premiums		Title XIX	Premiums		Premiums	2 Through 7	Contracts
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)	I								
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N							l	
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)	1	l							
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)									
43.	Tennessee (TN)	N								
44.	Texas (TX)									
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)	1	l							
51.	Wyoming (WY)	1	l							
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)	1	l							
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CN)									
58.	Aggregate other alien (OT)									
59.	Subtotal	X X X .								
60.	Reporting entity contributions for									
	Employee Benefit Plans				1					
61.	Total (Direct Business)	(a) 1								
	LS OF WRITE-INS									
5801.		X X X .								
5802.		X X X .								
5803.		X X X .								
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .								
5899.	TOTALS (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	X X X .								

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien.

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc. SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:



OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES

					Prior Year			
				Prior Year	Ended			
		Current Year To Date		To Date	December 31			
		1	2	3	4			
		Uncovered	Total	Total	Total			
1404.								
1497.	Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)							

STATEMENT AS OF **June 30, 2010** OF THE **Advantage Healthplan Inc. SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va		
6.	Total foreign exchange change in book/adjusted carrying value with the control of		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals Deduct amortization of premium and mortgage interest poin Table for in part bases in back rate of interest poin.		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5		
	6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-reini invested Assets		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,311,873	1,449,761
2.	Cost of bonds and stocks acquired	249,466	304,085
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	7,940	32,293
5.	Total gain (loss) on disposals	315	1,512
6.	Deduct consideration for bonds and stocks disposed of	155,000	475,778
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,414,594	1,311,873
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,414,594	1,311,873

QSI02

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

During the C	urrent Quart	ei ioi ali bo	ilus allu i le	erred Stock	by italing o	เนออ		
	1	2	3	4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
Class 1 (a)	1,336,582	75,000	155,000	62	1,336,582	1,256,644		1,161,863
Class 2 (a)								
Class 4 (a)								
Class 5 (a)								
Class 6 (a)								
						1,256,644		1,161,863
RRED STOCK								
Class 1								
Class 2								
Class 3								
Class 4								
Class 5								
Class 6								
Total Preferred Stock								
Total Bonds & Preferred Stock								1,161,863
	Class 1 (a) Class 2 (a) Class 3 (a) Class 4 (a) Class 5 (a) Class 6 (a) Total Bonds RRED STOCK Class 1 Class 2 Class 3 Class 3 Class 4 Class 5 Class 5 Class 6	1 Book/Adjusted Carrying Value Beginning of Current Quarter	1 2 Book/Adjusted Carrying Value Beginning of Current Quarter Quarter	1 2 3 Book/Adjusted Carrying Value Acquisitions Dispositions During Current Quarter Quarter	1 2 3 4	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	Carrying Value Beginning of Current Quarter During Current Quarter Q	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar

SCHEDULE DA - PART 1

Short - Term Investments

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	129,275	X X X	219,280	12	534

SCHEDULE DA - Verification

Short-Term Investments

	0		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	219,280	59,997
2.	Cost of short-term investments acquired	155,000	219,280
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	129,275	219,280
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	129,275	219,280

SI04	Schedule DB - Part A Verification
SI04	Schedule DB - Part B VerificationNONE
SI05	Schedule DB Part C Section 1
SI06	Schedule DB Part C Section 2NONE
SI07	Schedule DB - Verification NONE
SI08	Schedule E - Verification (Cash Equivalents) NONE

E01	Schedule A Part 2 NONE
E01	Schedule A Part 3 NONE
E02	Schedule B Part 2NONE
E02	Schedule B Part 3NONE
E03	Schedule BA Part 2 NONE
E03	Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

	Snow All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter												
1	2	3	4	5	6	7	8	9	10				
								Paid for	NAIC				
								Accrued	Designation				
CUSIP				Name of	Number of			Interest and	or Market				
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)				
Bonds - U.S. Gover	nments												
3133XYXU4	Federal Home Loan Bank 4.45%		06/10/2010	PNC Investments	X X X	75,000	75,000.00		AAA				
0399999 Subtotal - B	Bonds - U.S. Governments				X X X	75,000	75,000.00		X X X				
8399997 Subtotal - B	Bonds - Part 3				X X X	75,000	75,000.00		X X X				
8399998 Summary It	tem from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X				
8399999 Subtotal - B	Bonds				X X X	75,000	75,000.00		X X X				
8999998 Summary It	tem from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X				
9799998 Summary It	tem from Part 5 for Common Stocks (N/A to Quarterly)		X X X	X X X	X X X	X X X	X X X						
	Preferred and Common Stocks		X X X		X X X		X X X						
9999999 Total - Bond	ds, Preferred and Common Stocks				X X X	75,000	X X X		X X X				

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of During the Current Quarter

	builing the builter adulter																				
1	2	3	4	5	6	7	8	9	10		Change in Bo	ok/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15							
		0																			
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock		NAIC
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends		Designation
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Bonds - U.S. Governments																					
	Federal Farm Credit Bank			PNC Investments	XXX	5,000 150,000	5,000.00		4,985				6		4,985 149,719					07/16/2024 06/10/2019	AAA
0399999 Subto	otal - Bonds - U.S. Governments				XXX	155,000	155,000.00	154,685	154,698	6			6		154,704		315	315	3,732	. XXX.	XXX.
8399997 Subto	otal - Bonds - Part 4				XXX	155,000	155,000.00	154,685	154,698	6			6		154,704		315	315	3,732	. XXX.	XXX.
	mary Item from Part 5 for Bonds (N/A to Qua	rterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	XXX.
8399999 Subtotal - Bonds			155,000	155,000.00	154,685	154,698	6			6		154,704		315	315	3,732	. XXX.	XXX.			
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	. XXX.	XXX .			
				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	. XXX.	XXX.		
	otal - Preferred and Common Stocks				XXX		XXX													. XXX.	XXX .
9999999 Total	- Bonds, Preferred and Common Stocks				XXX	155,000	X X X	154,685	154,698	6			6		154,704		315	315	3,732	. XXX.	XXX.

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 S	chedule DB Part A Section 1 NONE
E07 S	chedule DB Part B Section 1 NONE
E08 S	chedule DB Part DNONE

STATEMENT AS OF $June~30,\,2010$ of the Advantage~Healthplan~Inc.

SCHEDULE E - PART 1 - CASH Month End Depository Balances

Month End Depository Balances 1 2 3 4 5 Book Balance at End of Each Month 9												
	2	3	4	5	Book Balance at End of Each Month During Current Quarter							
Depository			Code	Rate of	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*		
open depositories	<u>Берозногу</u>		Code	IIIICICSI	Quarter	Date	Month	IVIOTILIT	IVIOTILIT	\vdash		
Chevy Chase Bank	MD20707						3,228	3,216	3,228	xxx		
Inc.	DC			0.003	11		220,875	212,169	194,835			
										XXX		
										XXX		
										XXX		
										XXX		
										XXX		
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										$ \hat{x}\hat{x}\hat{x}\rangle$		
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										$ \hat{X}\hat{X}\rangle$		
										XXX		
										XXX		
										X X		
										$ \hat{x}\hat{x}\rangle$		
										XXX		
										XXX		
	depositories that do not exceed			,,,,,,								
	sitory (See Instructions) - open o		XXX					045.005	400.000	XXX		
	tories		XXX	X X X	11		224,103	215,385	198,063	<u> </u>		
allowable limit in any one depo	O depositories that do not exceed sitory (See Instructions) - suspen	nded										
			XXX							XXX		
0299999 Totals - Suspended D		XXX	X X X				045.00=	400.000	XXX			
	it		XXX	X X X	11		224,103	215,385	198,063			
	ffice		XXX	X X X	. XXX.	X X X	004.400	045 005	400.000	XXX		
0599999 Total Cash			XXX	X X X	11		224,103	215,385	198,063	X X)		

STATEMENT AS OF June 30, 2010 OF THE Advantage Healthplan Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Inves	tments Own	ed End of Current (Quarter				
1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
	N C	NE					
8699999 Total - Cash Equivalents							



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance For the Quarter Ended June 30, 2010

NAIC Group Code: NAIC Company Code: 95803

	·	Individual	Coverage	Group C	5	
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums		X X X		X X X	X X X
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)	X X X		X X X		
6.	Aggregate Policy Reserves - change		X X X		X X X	X X X
7.	Expenses Paid		X X X		X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

⁽a) Uninsured Receivable/Payable with CMS at End of Quarter: \$......0 due from CMS or \$......0 due to CMS

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